U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

Name James

P.O. Box, Bldg., Room No., if any

6 Ford St.

Windsor

5. Position in labor organization.

State New York

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

/ 2004 Through: 12 / 31 / 2004

, and address of labor organization.

Name Plumbers & Pipefitters Local Union 112

Labor Organization File Number 036-567

P.O. Box, Building and Room Number, if any

Street 11 Griswold Street

Binghamton

New York

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only Sol. Est NG17205 B MS DEST	READ THE INSTRUCT	IONS CAREFULLY BEFORE PREPARING THIS REPORT.	
1. File Number U-/600 4		2. Fiscal Year Covered From:	
3. Name and address of person	on filing.	4. Name, file number, and address of lab	

ZIP Code + 4 13865

Business Manager

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

City

6. Name and address of Employer (inc	luding trade name, if any).	7.a. Nature of Inte	erest, Transactio	on, or Income.	
Name ;		Someone services		The second section is a second section of the	
Trade Name, if any:		NATA MANAGAMAN NATA			
P.O. Box, Bldg., Room No., if any		7.b. Amount.	************	of foot footing of forms (strongs	·
Street 1		7.b. Amount,			
City	www.		14 × 1000 × 14 × 1	A CONTRACTOR OF THE CONTRACTOR	
State	ZIP Code + 4				
	Sign	ature	·		
submitted in this report (including the	undersigned declares, under penalty of le information contained in any accompanyi	ng documents), has	s been examine	d by the signatory and is, to the best of t	he
undersigned's knowledge and belief	true, correct, and complete. (See the sec	tion on penalties in	the instructions	3.)	
Signed James &	Rounde	On 8/12	los.	607-723-9593	
· 1		Det	•	Telephone Number	

Name of Person Filing James Rounds	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	t. to campioyer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	ERISA seminar and golf tournament. (\$50)
Name Blitman & King, LLP	Fishing trip (\$75)
Trade Name, if any:	THE THE PARTY OF T
P.O. Box, Bldg., Room No., if any Franklin Center, Suite 300	To a contract of the contract
Street 443 N. Franklin St.	
City Syracuse	
State New York ZIP Code + 4 13204	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$125

Name of Person	Filina	Tomog	Dounda
Mattle OLI CISOLI	THILLING	James	ROUNGS

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Wright Investors Service	Golf and Lunch (\$72) Dinner (\$28)
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	The state of the s
Street 440 Wheelers Farms Rd.	The state of the s
City Milford	MINISTER STATE OF THE STATE OF
State Connecticut ZIP Code + 4 06460	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$100
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name Clover Capital	Pheasant Hunt
Trade Name, if any:	Account action of the control of the
P.O. Box, Bldg., Room No., if any	
Street 400 Meridian Center, Ste 200	of an approximate
City Rochester	American control of the control of t
State New York ZIP Code + 4 14618	TO STREET THE ST. S. C. STREET AND STREET AND STREET THE STREET TH
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$100
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Training Seminar - NAPTTC
Name Plumbers & Pipefitters Local 112 Fund Office	ANNAL STATE OF THE
Trade Name, if any:	. The second of
P.O. Box, Bldg., Room No., if any	The state of the s
Street PO Box 670	agent your control of the control of
City Binghamton	Notice to the second se
State New York ZIP Code + 4 13902	44 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$1,821

Name of Person Filing James Rounds	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and 8 above) or from any labor relations consultant to an employer any
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Plumbers & Pipefitters Local 112 Fund Office	Training Seminar - Int'l Foundation
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street PO Box 670	
Cily Binghamton	
State New York ZIP Code + 4 13902	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$1,880
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Broome County PHCC	Dinner Dance
Trade Name, if any:	TO THE PARTY OF TH
P.O. Box, Bldg., Room No., if any	
Street PO Box 1166	The first over the fi
City Binghamton	TO THE WAY AND A VIEW
State New York , ZIP Code + 4 13902	TO THE VIEW A RIME . TO ANY MALANTANIAN AND A VIEW VIEW AND AND AND A RIME AND A VIEW AN
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$50
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name ;	COMMAND CALLES CONTROL OF CONTROL OF COMMAND CALLES CONTROL OF CONTROL O
Trade Name, if any:	to constitute the contract of
P.O. Box, Bldg., Room No., if any	The state of the s
Street	
City :	
State ZIP Code + 4	AND THE RESERVE OF TH
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.